•								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/706,328					8
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN		OR	OTHER SMALL	•
TOTAL CLAIMS					<u> </u>					FEE]	RATE	FEE
FOR			NUMBER FILED N		NUMB	NUMBER EXTRA		BASIC F	EE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			5 % minus 20= *		*	. 38		XS 9	-		OR	XS18=	684
INDEPENDENT CLAIMS			9 minus 3 = *		•	· la		X43=			OR	X86=	430
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145:	_		OR	+290=	
* if	the difference	in column 1 is	less than zero, enter "0" in column 2				1	TOTA			OR	TOTAL	1114
CLAIMS AS AMENDED - PART II									•		1	OTHER	THAN
8	3-17-04	(Column 3)		SMAL	L E	NTITY	OR	SMALL	ENTITY				
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 54	Minus	- 5	18	=		X\$ 9=			OR	X\$18=	
AME	Independent	. 6	Minus	***	8-			X43=			OR	X86=	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		Ī	+145=		·	OR	+290=	
								TOTA			OB	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)								Ė		,	ADŲII. FEE I	
		CLAIMS		HIGH	EST		Γ		T	ADDI-			ADDI-
	, !	REMAINING AFTER		NUME PREVIO	DUSLY	PRESENT EXTRA	1	RATE		TIONAL		RATE	TIONAL
皇		AMENDMENT		PAID	FOR		ŀ		+	FEE			FEE
2	Total	*	Minus	**	•	=		X\$ 9=			OR	X\$18=	
AMENDMENT B	Independent	*	Minus	***	=:			X43=			OR	X86=]
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4 45_	1			+290=	
							L	+145=	L		OR	+29U=	<u> </u>
	٠		A	DDIT. FE			OR	ADDIT. FEE					
		(Column 3)	_										
AMENDMENT C	•	CLAIMS REMAINING AFTER		HIGHE NUMB PREVIO	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TONAL		RATE	ADDI- TIONAL
ME		AMENDMENT		PAID F	OR		1		+	FEE_			FEE_
2	Total		Minus	**		=		X\$ 9=	\perp		OR	X\$18=	
A	Independent		Minus	***		-		X43=			OR	X86=	
نـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									1		OR ,	TOTAL	
	f the "Highest Nur	mber Previously Pa	aid For" IN THIS	S SPACE is	s less than	n 3, enter "3."		DDIT. FE			. ,	ADDIT. FEE I	
. 1	he "Highest Num	ber Previously Paic	I For (Total or	independe	ini) is the	nignest number	rour	on mie t	appro	opnate oox	. In con	umin 1.	